



4191-02-U

## SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2017-0052]

### Agency Information Collection Activities: Proposed Request and Comment Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes revisions and extensions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB)

Office of Management and Budget

Attn: Desk Officer for SSA

Fax: 202-395-6974

Email address: [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov)

(SSA)

Social Security Administration, OLCA

Attn: Reports Clearance Director

3100 West High Rise

6401 Security Blvd.

Baltimore, MD 21235

Fax: 410-966-2830

Email address: [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov)

Or you may submit your comments online through [www.regulations.gov](http://www.regulations.gov),  
referencing Docket ID Number [SSA-2017-0052].

- I.** The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the collection instruments by writing to the above email address.

- 1. Letter to Employer Requesting Information About Wages Earned By Beneficiary -- 20 CFR 404.1520, 20 CFR 404.1571-404.1576, 20 CFR 404.1584-404.1593, and 20 CFR 416.971-416.976 -- 0960-0034.** Social Security disability recipients receive payments based on their inability to

engage in substantial gainful activity (SGA) because of a physical or mental condition. If the recipients work, SSA must evaluate and determine if they continue to meet the disability requirements of the law. Therefore, we use Form SSA-L725 to request monthly earnings information from the recipient's employer. We then use the earnings data to determine whether the recipient is engaging in SGA, since work after a recipient becomes entitled to benefits can cause a cessation of disability. The respondents are businesses that employ Social Security disability recipients.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-L725	150,000	1	40	100,000

## **2. Certification of Low Birth Weight for SSI Eligibility of Funds You**

### **Provided to Another and Statement of Funds You Received -- 20 CFR**

**416.931, 416.926a(m), and 416.924 -- 0960-0720.** Hospitals and

claimants use Form SSA-3380 to provide medical information to local field offices (FO) and the Disability Determination Services (DDS) on behalf of infants with low birth weight. FOs use the form as a protective filing statement, and the medical evidence respondents provide on the form to make presumptive disability findings, which allow expedited payment to eligible claimants. DDSs use the medical information to determine disability and continuing disability. The respondents are hospitals and

claimants who have information identifying low birth weight babies and their medical conditions.

Type of Request: Revision of an OMB-approved information collection.

Modality of Completion	Number of Respondents	Frequency of Response	Average Burden Per Response (minutes)	Estimated Total Annual Burden (hours)
SSA-3380	28,125	1	15	7,031

**II. SSA submitted the information collections below to OMB for clearance.**

Your comments regarding these information collections would be most useful if OMB and SSA receive them 30 days from the date of this publication. To be sure we consider your comments, we must receive them no later than **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**. Individuals can obtain copies of the OMB clearance packages by writing to [OR.Reports.Clearance@ssa.gov](mailto:OR.Reports.Clearance@ssa.gov).

**1. Statement of Marital Relationship (By one of the parties) -- 20 CFR**

**404.726 -- 0960-0038.** SSA must obtain a signed statement from a spousal applicant if the applicant claims a common-law marriage to the insured in a state in which such marriages are recognized, and no formal marriage documentation exists. SSA uses information we collect on Form SSA-754-F4 to determine if an individual applying for spousal benefits meets the criteria of common-law marriage under state law. The

respondents are applicants for spouse's Social Security benefits or Supplemental Security Income (SSI) payments.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-754-F4	30,000	1	30	15,000

## **2. Workers' Compensation/Public Disability Questionnaire -- 20 CFR**

**404.408 -- 0960-0247.** Section 224 of the Social Security Act (Act)

provides for the reduction of disability insurance benefits (DIB) when the combination of DIB and any workers' compensation (WC) or certain Federal, State, or local public disability benefits (PDB) exceeds 80 percent of the worker's pre-disability earnings. SSA field office staff conduct face-to-face interviews with applicants using the electronic SSA-546 WC/PDB screens in the Modernized Claims System (MCS) to determine if the worker's receipt of WC or PDB payments will cause a reduction of DIB. Respondents are Title Title II disability applicants who receive both disability insurance benefits and worker's compensation.

Type of Request: Extension of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
SSA-546 MCS Screens	248,000	1	15	62,000

**3. Medicaid Use Report -- 20 CFR 416.268 -- 0960-0267.** Section 20 CFR

416.268 of the Code of Federal Regulations requires SSA to determine eligibility for: (1) special SSI cash payments and, (2) special SSI eligibility status for a person who works despite a disabling condition. Section 20 CFR 416.268 also provides that, to qualify for special SSI eligibility status, an individual must establish that termination of eligibility for benefits under Title XIX of the Act would seriously inhibit the ability to continue employment. SSA employees collect the information this regulation requires from respondents during a personal interview. We then use this information to determine if an individual is entitled to special Title XVI SSI payments and, consequently, to Medicaid. The respondents are SSI recipients for whom SSA has stopped payments based on earnings.

Type of Request: Extension of an OMB-approved information collection.

<b>Regulation Section</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
20 CFR 416.268	60,000	1	3	3,000

**4. Public Information Campaign -- 0960-0544.** Periodically, SSA sends various public information materials, including public service announcements; news releases; and educational tapes, to public broadcasting systems so they can inform the public about various programs and activities SSA conducts. SSA frequently sends follow-up business reply cards for these public information materials to obtain suggestions for

improving them. The respondents are broadcast sources.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Number of Responses</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
Radio	5,000	2	10,000	1	167

**5. Help America Vote Act -- 0960-0706.** House Rule 3295, the Help

America Vote Act of 2002, mandates that States verify the identities of newly registered voters. When newly registered voters do not have driver's licenses or State-issued ID cards, they must supply the last four digits of their Social Security number to their local State election agencies for verification. The election agencies forward this information to their State Motor Vehicle Administration (MVA), and the State MVA inputs the data into the American Association of MVAs, a central consolidation system that routes the voter data to SSA's Help America Vote Verification (HAVV) system. Once SSA's HAVV system confirms the identity of the voter, the information returns along the same route in reverse until it reaches the State election agency. The respondents are the State MVAs seeking to confirm voter identities.

Correction Notice: SSA is updating the burden information for this collection, so it differs from the information we published at 82 FR 31132, on 7/5/17. We are also including the cost burden, which we inadvertently

did not publish in the previous Notice.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Number of Responses</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
HAVV	48	102,877	4,938,096	2	164,603

Cost Burden: The 48 State MVAs participating in HAVA each pay an annual maintenance cost. Additionally, States pay .02 cents per verification request. Therefore, the total cost to respondents is \$291,348.

**6. Medicare Subsidy Quality Review Forms -- 20 CFR 418(b)(5) --**

**0960-0707.** The Medicare Modernization Act of 2003 mandated the creation of the Medicare Part D prescription drug coverage program and provides certain subsidies for eligible Medicare beneficiaries to help pay for the cost of prescription drugs. As part of its stewardship duties of the Medicare Part D subsidy program, SSA must conduct periodic quality review checks of the information Medicare beneficiaries report on their subsidy applications (SSA-1020, OMB No. 0960-0696). SSA uses the Medicare Quality Review program to conduct these checks. The respondents are applicants for the Medicare Part D subsidy whom SSA chose to undergo a quality review.

Type of Request: Revision of an OMB-approved information collection.



<b>Form Number and Name</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
<b>SSA-9301</b> (Medicare Subsidy Quality Review Case Analysis Questionnaire)	3,500	1	30	1,750
<b>SSA-9302</b> (Notice of Quality Review Acknowledgement Form for those with Phones)	3,500	1	15	875
<b>SSA-9303</b> (Notice of Quality Review Acknowledgement Form for those without Phones)	350	1	15	88
<b>SSA-9308</b> (Request for Information)	7,000	1	15	1,750
<b>SSA-9310</b> (Request for Documents)	3,500	1	5	292
<b>SSA-9311</b> (Notice of Appointment – Denial- Reviewer Will Call)	450	1	15	113
<b>SSA-9312</b> (Notice of Appointment – Denial- Please Call Reviewer)	50	1	15	13
<b>SSA-9313</b> (Notice of Quality Review Acknowledgement Form for those with Phones)	2,500	1	15	625

<b>SSA-9314</b> (Notice of Quality Review Acknowledgeme nt Form for those without Phones)	500	1	15	125
<b>Totals</b>	<b>21,350</b>			<b>5,631</b>

**7. Electronic Records Express (Third Parties) -- 20 CFR 404.1700 -**

**404.1715 -- 0960-0767.** Electronic Records Express (ERE) is an online system which enables medical providers and various third party representatives to download and submit disability claimant information electronically to SSA as part of the disability application process. To ensure only authorized people access ERE, SSA requires third parties to complete a unique registration process if they wish to use this system. This information collection request (ICR) includes the third-party registration process; the burden for submitting evidence to SSA is part of other, various ICRs. The respondents are third party representatives of disability applicants or recipients who want to use ERE to electronically access clients' disability files online and submit information to SSA.

Type of Request: Revision of an OMB-approved information collection.

<b>Modality of Completion</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Number of Responses</b>	<b>Average Burden Per Response (minutes)</b>	<b>Estimated Total Annual Burden (hours)</b>
ERE - Third Parties	10,413	319	3,321,747	1	55,362

Dated: September 13, 2017

Naomi R. Sipple

Reports Clearance Officer

Social Security Administration

[FR Doc. 2017-19865 Filed: 9/18/2017 8:45 am; Publication Date: 9/19/2017]